

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011943

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

002

Registrar's No.

1711

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

Richard G. Helmer, M.D.  
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Research Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Grandview

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6100 East 157 St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

BRUCE

Middle

ALLEN

Last

STONEKING

4. DATE OF DEATH

Month

Day

Year

MARCH 15, 1963

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/15/63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

William L. Stoneking

13b. MOTHER'S MAIDEN NAME

Barbara L. Adams

14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

William Stoneking, Grandview, Mo

18. CAUSE OF DEATH (Enter only one cause per)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis and

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Asphyxia - Branch

DUE TO (c)

Pneumonia - 21 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-15-63 to 3-15-63 and last saw her alive on 3-15-63. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or title)

22b. ADDRESS

7721 State Ave

22c. DATE SIGNED

3/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/17/63

23c. NAME OF CEMETERY OR CREMATORY

Carpenter

23d. LOCATION (City, town, or county)

Chilhowee, Mo

24. FUNERAL DIRECTOR

ADDRESS

Cook Funeral Home, Chilhowee, Mo

25. DATE RECD. BY LOCAL REG.

3-16-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4335

P. O. Address Chelton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.